



PATIENT

Max Gans

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

10M

WEIGHT

8.6

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Andrea Johnson

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Gans

INVOICE

74814

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Previous owner reported history of "allergy symptoms". Adopted 1 month ago by current owner; bilateral nasal and ocular discharge at time of adoption; P received a convenia injection. mild improvement. Crusting persistent on nose, minimal active discharge however leaves large (1cm) mucoid boogers, green to white to bloody. Since adoption has daily (6+ episodes) aggressive sneezing fits with pawing at the face. Respiratory PCR negative. Pre-operative blood work normal. P received long acting steroid injection (after CT) with no positive response. No other clinical signs at home. Vaccine status unknown. Combo tested negative.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A single-series, non-contrast CT study of the head was provided for review, reconstructed with a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is marked bilateral turbinate destruction and loss of normal architecture within the mid-to-rostral nasal cavities, predominantly affecting the ventral turbinates. These changes are associated with mild mucosal thickening and a small amount of intraluminal soft tissue/fluid attenuating material.

In the affected regions, cavitory changes and turbinate atrophy are observed, resulting in a shriveled appearance of the remaining turbinate remnants.

The nasal septum is preserved. No aggressive osseous involvement or mass effect is identified. No intranasal radiopaque foreign is identified.

The paranasal bones, including the nasal bones and hard palate, show no evidence of osteolysis or hyperostosis.

The oropharynx and nasopharynx are within normal limits.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are within normal limits.

Triadan 106 and 206 are absent.

The temporomandibular joints are bilaterally congruent.

There is mild enlargement of the medial retropharyngeal lymph nodes and mandibular lymph nodes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is evidence of marked bilateral chronic rhinitis in the mid-to-rostral nasal cavities, characterized by turbinate lysis, cavitation, and residual turbinate atrophy. Primary differential diagnoses include chronic rhinitis, possibly related to idiopathic lymphoplasmacytic inflammation or infectious etiologies (e.g., feline herpesvirus sequelae). Fungal rhinitis is considered less likely at this stage.
- Mild enlargement of the medial retropharyngeal and mandibular lymph nodes, most consistent with reactive lymphadenitis.



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- Absent teeth 106 and 206, possible congenital changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The tomographic findings are consistent with a chronic bilateral rhinitis characterized by turbinate lysis, cavitation, and residual turbinate atrophy, without evidence of aggressive paranasal osseous involvement or a mass effect. The primary differential diagnoses include idiopathic lymphoplasmacytic rhinitis and chronic infectious rhinitis, particularly associated with feline herpesvirus sequelae.

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Although fungal rhinitis is considered less likely based on the current imaging features, it cannot be entirely excluded without further diagnostic investigation.

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The mild enlargement of the medial retropharyngeal and mandibular lymph nodes is most consistent with reactive lymphadenitis secondary to the chronic nasal disease.

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Adjunctive diagnostics such as nasal flush for cytology, PCR testing, and bacterial and fungal culture are recommended to further characterize the underlying etiology.

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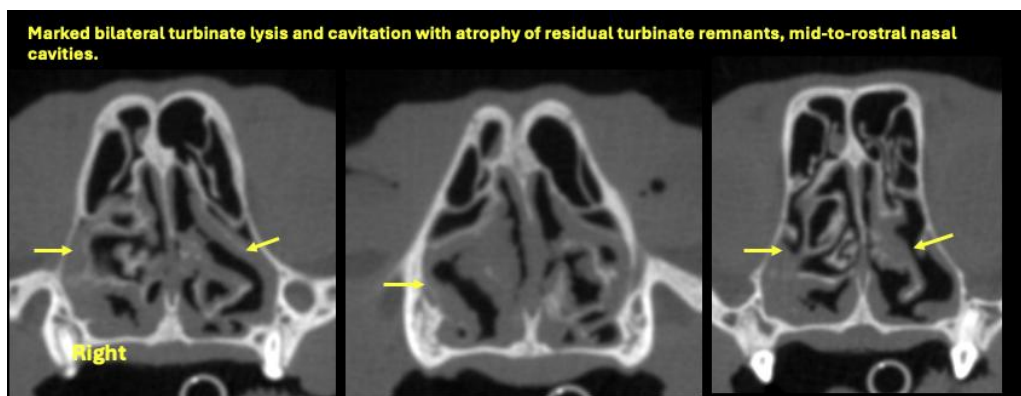
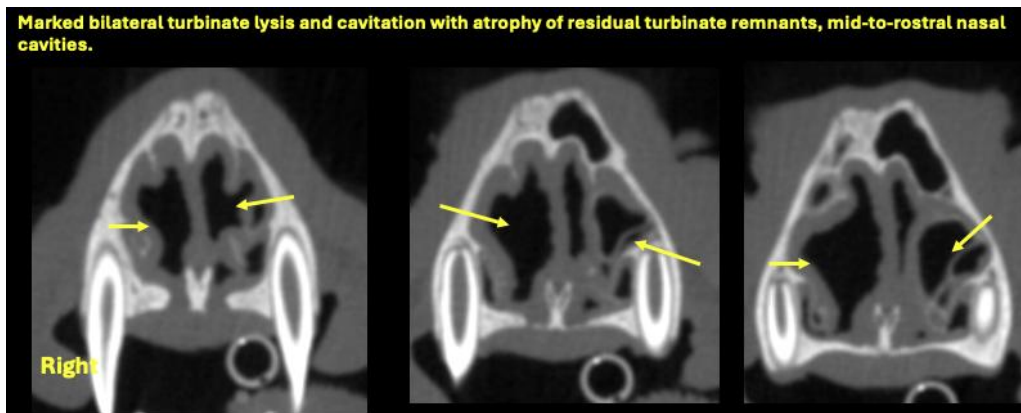
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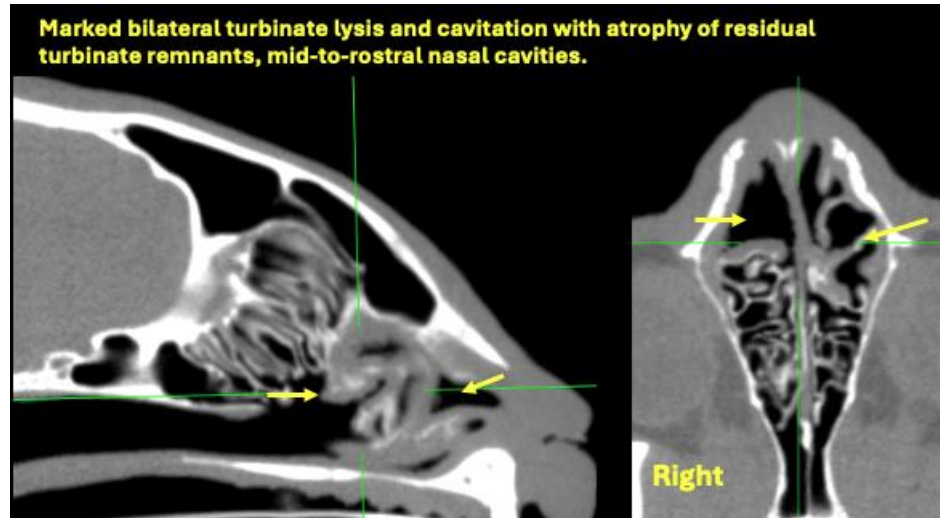
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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